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Docket No. BAT 2 0001

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

10057 U.S. PRO
09/920385
09/01/01

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the PATENT APPLICATION of:

Inventor(s): Monzyk et al.

For (Title): PHOTOLYTIC ARTIFICIAL LUNG

This new application is for a(n):

 X Original Design Divisional
 Continuation Continuation-in-part (CIP)

____ Applicant claims small entity status.

Papers enclosed are:

<u>50</u>	Pages of Specification
<u>5</u>	Pages of Claims
<u>1</u>	Pages of Abstract
<u>10</u>	Sheets of Drawings
<u> </u>	Preliminary Amendment
<u> </u>	Information Disclosure Statement
<u> </u>	Declaration of Biological Deposit
<u> </u>	Other
<u>X</u>	Declaration or Oath (<u> </u> executed by inventor(s))
<u>X</u>	Application Data Sheet
<u> </u>	Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)

____ Assignment to _____
 _____ will follow
 _____ cover sheet for Assignment accompanying new patent
 application

CERTIFICATE OF MAILING BY U.S. EXPRESS MAIL

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 8/1/01 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL85278490JUS addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Mary Ann Temarasi
Signature

Maintenance of Copendency of Prior Application

_____ A petition, fee and response extends the term in the pending prior application until _____.

_____ A copy of the petition filed in prior application is attached.

Abandonment of Prior Application (if applicable)

_____ Please abandon the prior application at a time while the prior application is pending or when the petition for extension of time or to revive in that application is granted and when this application is granted a filing date so as to make this application copending with said prior application.

Fee Calculation

CLAIMS AS FILED					
Number filed		Number Extra	Rate		Basic Fee
					\$710.00
Total Claims	37	-20=	17	x \$18.00=	306.00
Independent Claims	7	- 3=	4	x \$80.00=	320.00
Multiple					
Dependent Claim(s), if any			\$270.00=		

Total Filing Fee Calculation \$ 1336.00

___ Design Application Filing Fee Calculation \$ _____

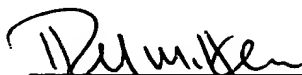
___ Filing Fee for a Small Entity (50%) \$ _____

___ Fee for Recording Assignment (\$40) \$ _____

___ Enclosed is a check in the amount of \$ _____

X Charge Deposit Account No. 06-0308 in the amount of \$1336.00

x The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0308.



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